	PLACE OF BIRTH ARIZONA STATE BOARD OF HEALTH
	County of BUREAU OF VITAL STATISTICS 18() State Index No. 1079
	District of State ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 40 6
	Town of -0 -0 -0 -1 Local Registrar's No
*	City of St; Ward)
י יייייייי טינום מינייייי טיניייייי	FULL NAME OF CHILD Security and Sond Born YES If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive No Sex of Twin, Triplet and in order in order of birth mater Birth (Month) (Day) (Yr.) Full FATHER Name Walter Birthday Residence Color or Race Birthday Birthday Greats Birthplace Occupation Occupation Occupation Residence Occupation O
i :	Number of child of this mother
נ	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
	I hereby certify that I attended the birth of the above child; and that it occurred on ee/6 1910, atc. M.
	*When there is no attending physical cian or midwife, then the householder should make this return. (Signature) (Attending physician, midwife, thauseholder *)
Į.	Given or Christian name added from a supplemental report Filed W 20 191 Q. Address LOCAL REGISTRAR.
	224-1216-745 ed auto 191 . COUNTY REGISTRAR.